HEALTH HABITS AND HISTORY QUESTIONNAIRE

This form asks you a variety of questions about your background, environment, and habits, which may affect or be related to your health. The information you provide will help scientists to understand more about the causes of disease.

This questionnaire will take about 40 minutes to complete. Please fill in the information requested, or place a check in the appropriate space. A few questions may be similar to ones you have answered before, but please do not skip any questions for this reason. If you are not sure about an answer, please estimate.

If you have any questions or would like help filling it out, please call at Please return this questionnaire by We for your time and your contribution to this research.	e thank you
TODAY'S Month Day Year DATE:	THIS SPACE FOR OFFICE USE
Please PRINT YOUR NAME (name of study participant)	
17 LAST 31 FIRST 40 MIDDLE	
FEMALES: 49 MAIDEN 63	
In what STATE (or country, if not U.S.) were you born?	64 State Code
SOCIAL SECURITY NUMBER: 66 - 74	
This information is completely voluntary. It will be used only to refer to statistical records maintained by the National Center for Health Statistics, in order to determine how health practices may be related to how long people live. For studies conducted by the National Institutes of Health, this information is collected under the authority of section 405(b)(1)(A) of the Public Health Service Act, 42 U.S.C. 284(b)(1)(A).	A 79 80
ADDRESS: STREET 34	
35 CITY 49 STATE 52 ZIP 61	62 State Code
TELEPHONE: (
What is your relationship to the person enrolled in the study?	
1Self 2Spouse 3Relative 4Other	74 B 70 80

THIS PAGE FOR OFFICE USE

PLEASE GO TO NEXT PAGE

Information for coders:

Columns 1-10 are identical on each "card". They are omitted after page 2, but should be repeated on each card.

Col. 80 is blank on each card.

Enter number of the response which was checked (e.g., 1 for male, 2 for female).

For those questions in which a quantity is entered (e.g., years), code as entered.

- "9" = Not Stated or Don't know. Leave no blanks. (Blanks are permitted in name and address fields on p. 1, and occupation field on p. 9).
- P. 1, Col. 64-65, Col. 62-63: Use state codes shown below.
- P. 3, Col. 11-17: Include century of birth: MM DD YYY.
- P. 3, Q 10: For each vitamin, code # pills in first two columns; code day, week, etc., in third column (1 = day, 2 = week, 3 = month, 4 = year); code mg/pill in fourth column, using codes shown at bottom of p. 3. If more than one "other vitamin" is checked, code = 8.
- P. 5–6: Code as shown on p. 4.
- P. 7, Q 14: Code first two columns of each food using codes at bottom of p.7, or additional codes from codebook or database. Code remaining four columns as shown at bottom of p.4.
- P. 8, Col. 71-18: No-Yes in 1st column; # times in 2nd col. (8=8 or more); age in 3rd-4th col.
- P. 8, Col. 46-47, 50-51: Use codes at bottom of p. 8.

State codes:

otate codes.				
01 AL Alabama	13 ID Idaho	25 MS Mississippi	37 OK Oklahoma	49 WV West Virginia
02 AK Alaska	14 IL Illinois	26 MO Missouri	38 OR Oregon	50 WI Wisconsin
03 AZ Arizona	15 IN Indiana	27 MT Montana	39 PA Pennsylvania	51 WY Wyoming
04 AR Arkansas	16 IA Iowa	28 NE Nebraska	40 RI Rhode Ísland	52 PR Puerto Rico
05 CA California	17 KS Kansas	29 NV Nevada	41 SC South Carolina	53 VI Virgin Islands
06 CO Colorado	18 KY Kentucky	30 NH New Hampshire	42 SD South Dakota	54 GU Guam
07 CT Connecticut	19 LA Louisiana	31 NJ New Jersey	43 TN Tennessee	55 Canada
08 DE Delaware	20 ME Maine	32 NM New Mexico	44 TX Texas	56 Cuba
09 DC District of Col.	21 MD Maryland	33 NY New York	45 UT Utah	57 Mexico
10 FL Flo r ida	22 MA Massachusetts	34 NC North Carolina	46 VT Vermont	59 Remainder of World
11 GA Georgia	23 MI Michigan	35 ND North Dakota	47 VA Virginia	99 Unknown or blank
12 HI Hawaii	24 MN Minnesota	36 OH Ohio	48 WA Washington	

Information for proper use of analysis program:

For use with the Personal Computer analysis program, the questionnaire must be keyed in 80-column lines, with the ID field in columns 1-10 of each line, and a line-identifying letter in column 79 of each line, starting with "A" and progressing evenly upward. For use with the mainframe program, the ID and line-ID requirements are less rigid. See Health Habits and History Questionnaire information package for further instructions.

Version 02 of this questionnaire (this version) differs slightly from earlier versions. To use the diet analysis program with this version, you must select the "Nonstandard" option ("STANDQ=N"), and provide the program with the following information, when prompted:

Number of characters = 960

Card	Col.		Card	Col.		Card	Col.
Α	17	Amt. of weight change	J	67	Type of cooking fat	J	54
C	18	First special diet	C	70	Fat on vegetables	j	56
C	20	Second special diet	C	<i>7</i> 1	Intake of vitamins	Ċ	43
L	43	Whether eats skin	J	47	Intake of multiple vits.	С	44
L	44	Whether eats fat	Ĵ	48	Intake of single vits.	C	53
L	46	Freq. of cooking fat	Ĵ	51	Intake of other vits.	C	69
J	68	Unit of cooking fat	Ĵ	53	Types of restaurants	C	72
	Card A C C L L J	C 18 C 20 L 43 L 44 L 46	A 17 Amt. of weight change C 18 First special diet C 20 Second special diet L 43 Whether eats skin L 44 Whether eats fat L 46 Freq. of cooking fat	A 17 Amt. of weight change J C 18 First special diet C C 20 Second special diet C L 43 Whether eats skin J L 44 Whether eats fat J L 46 Freq. of cooking fat J	A 17 Amt. of weight change J 67 C 18 First special diet C 70 C 20 Second special diet C 71 L 43 Whether eats skin J 47 L 44 Whether eats fat J 48 L 46 Freq. of cooking fat J 51	A 17 Amt. of weight change J 67 Type of cooking fat C 18 First special diet C 70 Fat on vegetables C 20 Second special diet C 71 Intake of vitamins L 43 Whether eats skin J 47 Intake of multiple vits. L 44 Whether eats fat J 48 Intake of single vits. L 46 Freq. of cooking fat J 51 Intake of other vits.	A 17 Amt. of weight change J 67 Type of cooking fat J C 18 First special diet C 70 Fat on vegetables J C 20 Second special diet C 71 Intake of vitamins C L 43 Whether eats skin J 47 Intake of multiple vits. C L 44 Whether eats fat J 48 Intake of single vits. C L 46 Freq. of cooking fat J 51 Intake of other vits. C

In addition, if you set VEGADJ = Y, tell it J61 when prompted.

In addition, if you set ADDSALT = Y, tell it J49 when prompted.

In addition, if you set COLDCER = Y, tell it J58 when prompted.

In addition, if you set FRTADJ = Y, tell it 164 when prompted.

Number of food fields = 12

Field	Card	Col.	# foods	Field	Card	Col.	# foods	Field	Card	Col.	# foods
1	D	11	15	5	F	11	17	9	G	59	5
2	D	<i>7</i> 5	1	6	G	11	4	10	Н	11	17
3	Ε	11	12	7	G	31	7	11	I	11	7
4	Е	63	4	8	Е	59	1	12	I	43	5

All 98 foods included? No

Number not included = 3Which ones = 6 8 20

Number of extra foods = 3

Food code: Card I col. 67 Food: Card D col. 71

Food: Card G col. 27

Food code: Card I col. 69 Food code: Card I col. 71 Food: Card I col. 39

Number of open-ended foods = 6Open-ended information starts in Card J col. 11.

If you modify this questionnaire, you must change the above variables to correspond with your revised version.

PERSONAL INFORMATION, HABITS

1. When were you born? / / / Month Day Year	11
2. How old are you? years	18
3. Sex: 1 Male 2 Female	20 _
 4. Race or ethnic background: 1 White, not of Hispanic origin 2 Black, not of Hispanic origin 3 Hispanic 4 American Indian/Alaskan native 5 Asian 6 Pacific Islander 	21 _
5. Please circle the highest grade in school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+	22
6. What is your marital status? 1 Single 3 Widowed 2 Married 4 Divorced/Separated	24 _
7. How many times have you moved or changed residences in the last ten years? times	25
8. Have you smoked at least 100 cigarettes in your entire life? 1 _ No 2 _ Yes If Yes,—	27 _
IF YES: About how old were you when you first started smoking cigarettes fairly regularly? years old	28
On the average of the entire time you smoked, how many cigarettes did you smoke per day? cigarettes per day	30
Do you smoke cigarettes now? 1 No 2 Yes	32
IF NO: How old were you when you stopped smoking? years old	33
IF YES: On the average, about how many cigarettes a day do you smoke now? cigarettes	35
9. Have you ever smoked a pipe or cigars regularly? 1 No 2 Yes If Yes,	37
IF YES: For how many years? years	38
About how much? pipes or cigars per(day or week) 1 2	40
10. During the past year, have you taken any vitamins or minerals?	
1 No 2 Yes, fairly regularly 3 Yes, but not regularly If Yes,	43 _
What do you take fairly regularly? # of PILLS per DAY, WEEK,	
Multiple Vitamins etc.	
One-a-day type pills per	44
Stress-tabs type pills per	47
Therapeutic, Theragran type pills per How many milligrams	50
Other Vitamins or IUs per pill?	
Vitamin A pills per IU per pill Vitamin C pills per mg per pill	53
Vitamin C pills per mg per pill Vitamin E pills per IU per pill	57
Calcium or dolomite pills per mg per pill	65
Other (What?) 1 Yeast 2 Selenium 3 Zinc 4 Iron 5 Beta-carotene	00
6 Cod liver oil 7 Other	69
Please list the brand of multiple vitamin/mineral you usually take:	
-3-	

1. Are you on a spec				•				_	_			OFFI	CE USE
1 No 2 6 Low choles				condition	4	Vegeta	rian	5	L	ow s	alt	70	
2. How often do you	eat the follo	owing food	ds from <i>re</i>	estaurants o	or fast foo	od place:	s?					 	
RESTAURANT FOOD	1 Almost every day	2 2-4 times a week	3 Once a week	4 1-3 times a month	5 5-10 time a year	s 1-4 t	6 imes rear			or less e a yea			
Fried chicken												72	
Burgers												73	
Pizza												74	
Chinese food												75	
Mexican food												1	_
Fried fish				1								76	
Other foods												77 78	_
3. This section is abousually eat the foo First, check (√) w	ods listed on hether your	the next pusual serv	oage? ring size i	is small, m	nedium (or large	e. (A s	mall	po	rtion	is	<u> </u>	$\frac{\mathbf{C}}{79} {80}$
about one-half the times as much, or		rving size	shown, o	or less; a la	arge por	tion is	about	one	-and	d-a-h	alf	1	
you eat the food. Ye the food, check "Rumn you put you when you mean "	arely/Never. r answer in. Hamburger	" Please D It will ma once a we	O NOT SI ke a big o ek"!	KÎP foods. difference	And ple if you sa	ase BE ıy "Haı	CARE mburg	FUL er o	wh nce	ich c a da	ol- ıy"		
Some items say "ir food is in season.					just in tl	ne 2-3 n	nonth	time	wh	ien th	nat		
Please look at the	example belo	w. This pe	erson										
1) eats a medi	ium serving	of cantalo	ape once	a week, ir	season.								
2) has ½ grap	efruit about	twice a me	onth.										
3) has a small	serving of s	weet pota	toes abou	t 3 times a	year.								
4) has a large	Ü	•			•	ır time	s a we	ek.					
5) never eats	Ü												
EXAMPLE:						our		How	ofte	en?			
				Mediu		rving			ا ي]	<u>ابا رح</u>		
				Servir		Size	Day	Week	Month	Year	Never		
C . 1				1/ 1:		M L			2	<u> </u>	42		
Cranafauit	·			1/4 medium (1/2)	1	V	-	3	2	+			
Grapefruit				1/2 cup			-			3			
Sweet potatoes, yams Hamburger, cheeseburg	ver meat loaf			1 medium		++	-	4	-+	ب مو			
	·			 		 	1	-	\rightarrow		<u></u>		
	anach									1 4			
Winter squash, baked s	quash			¹⁄2 cup			L						
				-4-			L	1			·,	,	

On the following two pages, code the four characters for each food as follows:

S-1		Da-1
M-2	Times	Wk-2
L-3		Mo-3
NS-9	NS-99	Yr-4
		Nev-5
		NS-9

If respondent places a checkmark in the "How often" columns, **do not** impute "01", once. Instead, code "99", Not Stated. If respondent does not check a portion size, **do not** impute medium, but code "9".

	Medium		rou rvi	ır ing			1	w of	en?	-	0	FFICE U	SE	
	Serving	1	Siz	_	>		Week	Month		Rarely/ Never				
FRUITS & JUICES		S	M	L	1	Day	×	Ĭ	Year	R a				
EXAMPLE – Apples, applesauce, pears	(1) or ½ cup		1	1	1		4							
Apples, applesauce, pears	(1) or ½ cup				1						11			
Bananas	1 medium	†			1		1							
Peaches, apricots (canned, frozen or dried, whole year)	(1) or ½ cup			<u> </u>	1			1		m				
Peaches, apricots, nectarines (fresh, in season)	1 medium	T	\vdash		1		1							
Cantaloupe (in season)	1/4 medium	T		Ħ	1						1			
Watermelon (in season)	1 slice	+	-		1						i			
Strawberries (fresh, in season)	½ cup	\vdash		h	1				_	\vdash				
Oranges	1 medium	\vdash									- 1			
Orange juice or grapefruit juice	6 oz. glass		-	<u> </u>						\vdash				
Grapefruit	(½)	+-		\vdash	1	-				\vdash				
Tang, Start breakfast drinks	6 oz. glass	+	H	 	1					\vdash				
Other fruit juices, fortified fruit drinks	6 oz. glass	╁	-	\vdash	1	-				-				
Any other fruit, including berries, fruit cocktail				-	1			_		\vdash				
VEGETABLES	½ cup	-	M	T	1	D-	Wk	N4-	V	NT	59 .			
String beans, green beans	16 cup	3	171	L		Da	VVK	1410	ır	INV				
Peas	1/2 cup	\vdash	\vdash							\vdash				
Peas Chili with beans	½ cup	\vdash		-	-	-	-			\vdash	1			
	3/4 cup	\vdash			-		 			\vdash	71 .			
Other beans such as baked beans, pintos, kidney beans, limas	3/4 cup	\vdash					-				75 .			
Corn	½ cup					<u> </u>	ļ				11 .			
Winter squash, baked squash	½ cup										15 .			
Tomatoes, tomato juice	(1) or 6 oz.										19			
Red chili sauce, taco sauce, salsa picante	2 Tblsp. sauce	Ш									23 .			
Broccoli	½ cup										27			
Cauliflower or brussel sprouts	½ cup		_				<u> </u>				31 .			
Spinach (raw)	3⁄4 cup	Ш									35 _			
Spinach (cooked)	½ cup						L							
Mustard greens, turnip greens, collards	½ cup	Ш									43			
Cole slaw, cabbage, sauerkraut	½ cup										1			
Carrots, or mixed vegetables containing carrots	½ cup										1			
Green salad	1 med. bowl										55			
Salad dressing, mayonnaise (including on sandwiches)	2 Tblsp.										1			
French fries and fried potatoes	3/4 cup													
Sweet potatoes, yams	½ cup										1			
Other potatoes, including boiled, baked, potato salad	(1) or ½ cup										1			
Rice	3/4 cup													
Any other vegetable, including cooked onions, summer squash	½ cup	П									11		_	7
Butter, margarine or other fat on vegetables, potatoes, etc.	2 pats										ı			
MEAT, FISH, POULTRY & MIXED DISHES		S	M	L		Da	Wk	Mo	Yr	Nv	15 -			
Hamburgers, cheeseburgers, meat loaf	1 medium										10			
Beef—steaks, roasts	4 oz.		_								1			
Beef stew or pot pie with carrots, other vegetables	1 cup	\Box		Н							- 1			
Liver, including chicken livers	4 oz.	\vdash		\vdash										
Pork, including chops, roasts	2 chops or 4 oz.	\Box		Н							- 1			
Fried chicken	2 sm. or 1 lg. piece	\vdash					\vdash			-	1			
Chicken or turkey, roasted, stewed or broiled	2 sm. or 1 lg. piece	-				<u> </u>				 ,	1			
Fried fish or fish sandwich	4 oz. or 1 sand.	\vdash		Н		<u></u>								
Tuna fish, tuna salad, tuna casserole	1/2 cup	+		\vdash		<u> </u>								
Shell fish (shrimp, lobster, crab, oysters, etc.)		\vdash	-	Н		<u> </u>					51 _			
Other fish, broiled, baked	(5) ¹ / ₄ cup or 3 oz.	\vdash	_	\vdash		<u> </u>					55 _			
	4 oz.	\vdash		Н							59 _			
Spaghetti, lasagna, other pasta with tomato sauce	1 cup	\vdash		\vdash		<u> </u>					63 _			
Pizza	2 slices		_	$\vdash \vdash$							67 _		_	
Mixed dishes with cheese (such as macaroni and cheese)	1 cup	1		1		1					71			

LUNCH ITEMS Size Serving Size		Medium	Your					Ho	w oft	en?			OFFICE USE	_
Liveroutes									ي ا		, Y P			
Liveroutes	VALVOVA VEDELAG	Jerving	+			-	ay	/eek	lont	ear	are			
Ham, Lunch meats 2 slaces		0.11	S	M	L	-		<u> </u>	2	>	≥Z			TC:
Ham, Lunch meats 2 slaces			-	├	-	$\frac{1}{2}$		<u> </u>				75		79 80
Description			-	\vdash	-	┨	-	├			\vdash			
Imad. bowl Da Wk Mo Yr Nv 23 25 25 25 25 25 25 25			-	┝	ļ	┨	-	-			\vdash			
BREADS / SALTY SNACKS / SPREADS Biscuits, muffins, burger rolls (incl. fast loods) I med. piece White bread (including sandwiches), bagels, etc., crackers Dark bread, including whole wheat, rye, pumpernickel Corn bread, corn muffins, c			-	-	╁	1	-				\vdash			
Biscuits, maffins, burger rolls (incl. fast foods) Whate bread (including sandwiches), bagels, etc. crackers 2 slices 3 cracks 3 common		Tifled. bowl	6	M	+	-	Da	WL	Mo	V	Nixe	23		
White bread (including sandwiches), bagels, etc., crackers 2 slices, 3 cracks Dark bread, including whole wheat, rye, pumpernickel 2 slices 3 cracks 35 35 35 35 36 36 36 36		1 med piece	3	141	-	-	Da	***	1410	11	140			
Dark bread, including whole wheat, ree, pumpernickel 2 slices Corn bread, corn muffins, corn tortillas 1 med, piece 343 343 343 344 345			\vdash	╁╴	╁╴	1	-				\vdash			
Salty snacks (such as chips, poperm)			-	┢	╁	1	\vdash	<u> </u>	-	ļ	\vdash	- 1		
Salty snacks (such as chips, popcorn) Peanuts, peanut butter Peanuts, peanut butter 2 Tibsp. Butter on bread or rolls 2 pats Margarine on bread or rolls 2 pats Gravies made with meat dirippings, or white sauce 2 Tibsp. BREAKFAST FOODS S M L High librer, bran or granola cereals, shredded wheat 1 med. bowl 1 med. bowl 1 med. bowl 1 med. bowl 2 teaspn. Cokoked cereals 2 teaspn. 2 teaspn. 2 teaspn. 2 gggs medium 1 ggg small, 2 gggs medium 1 gggs medium 1 scoop Doughnuts, cookies, cakes, pastry 1 pc. or 3 cookies 1 med. slice Other candy, jelly, honey, brown sugar 1 med. slice Other pies Checolate candy Other candy, jelly, honey, brown sugar 3 pc. or 1 Tibsp. DAIRY PRODUCTS Cottage cheese Other cheeses and cheese spreads 1 scup Other cheeses and cheese spreads 2 slices or 2 oz. Flavored yogurt Breveraces Skim milk, 1% milk or buttermilk (not incl. on cereal) 8 oz. glass Skim milk, 1% milk or buttermilk (not incl. on cereal) 8 oz. glass Beveraces 1 med. cup 2 come or bottle 1 med. cup 1 med. cup 1 med. cup 2 come or bottle 1 med. cup 1 med. cup 1 med. cup 2 come or bottle 1 med. cup 2 com			┢	\vdash	╁	=	-			-	\vdash	- 1		
Peanuts peanut butter			\vdash	\vdash	\vdash	1		 			1			
Butter on bread or rolls			<u> </u>	t^-	\dagger	1					\vdash	- 1		
Margarine on bread or rolls Cravies made with meat drippings, or white sauce 2 Tolsp. S M L	<u> </u>			-	t	1					\vdash			
Gravies made with meat drippings, or white sauce BREAKFAST FOODS Highligher, bran or granola cereals, shredded wheat Highly fortified cereals, such as Product 19, Total, or Most Cooked cereals Cooked cereals I med. bowl I med. bowl I med. bowl Cooked cereals, such as Product 19, Total, or Most I med. bowl I packet I med. bowl I packet I med. bowl I med. bowl I packet I med. bowl I med. bowl I packet I med. bowl I packet I med. bowl I packet I				 	\vdash	1	_	T			 			
BREAKFAST FOODS				\vdash	\vdash	1	-				\Box			
High fiber, bran or granola cereals, shredded wheat highly fortified cereals, such as Product 19, Total, or Most other cold cereals, such as Product 19, Total, or Most other cold cereals, such as Product 19, Total, or Most other cold cereals, such as Corn Flakes, Rice Krispies 1 med. bowl 71			s	М	L	1	Da	Wk	Mo	Yr	Nv	39		
Highly fortified cereals, such as Product 19, Total, or Most Other cold cereals, such as Com Flakes, Rice Krispies I need. bowl Cooked cereals I need. bowl I need. sice I n	High fiber, bran or granola cereals, shredded wheat	1 med. bowl	Ť			1						63		
Cher cold cereals, such as Corn Flakes, Rice Krispies 1 med. bowl 775 G G 775 G G G G G G G G G		+	Г	T	Τ	1					$\vdash \vdash$	- 1		
Cooked cereals		1 med. bowl	T			1		ļ —						
Segs		1 med. bowl			\vdash	1								G
Eggs	Sugar added to cereal	2 teaspn.		┢		1						11		79 80
Bacon Sausage 2 patties or links S M L Caream Swetts					┢	ĺ								
Sausage 2 patties or links S M L Icc cream SWEETS S M L Icc cream I scoop Doughnuts, cookies, cakes, pastry I pc. or 3 cookies I pc. o		+												
SWETS S. M. L. Da Wk Mo Yr Nv Doughnuts, cookies, cakes, pastry 1 pc. or 3 cookies 1 pc. or 3 cookies 2 pc. or 3 cookies 31 31 32 32 33 33 34 34 34 34	Sausage	2 patties or links										1		
Doughnuts, cookies, cakes, pastry		•	s	M	L	1	Da	Wk	Mo	Yr	Nv	1		
Doughnuts, cookies, cakes, pastry	Ice cream	1 scoop	Г			1						27		
Pumpkin pie, sweet potato pie 1 med. slice 1 med. slice 35 39 1	Doughnuts, cookies, cakes, pastry	1 pc. or 3 cookies				1								
Cher pies Chocolate candy Chocolate candy Small bar, 1 oz. Other candy, jelly, honey, brown sugar DAIRY PRODUCTS SML Cottage cheese 1/2 cup Other cheeses and cheese spreads Flavored yogurt Whole milk and bevs. with whole milk (not incl. on cereal) Soz. glass Skim milk, 1% milk or buttermilk (not incl. on cereal) Beverages Beverages SML Da Wk Mo Yr Nv 51 55 57 58 63 67 71 80 z. glass SML Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L Da Wk Mo Yr Nv 1 cup SM L To a can or bottle SM L Da Wk Mo Yr Nv 1 cup SM L To a	Pumpkin pie, sweet potato pie	1 med. slice				1								
Chocolate candy Other candy, jelly, honey, brown sugar DAIRY PRODUCTS SML Cottage cheese Other cheeses and cheese spreads 2 slices or 2 oz. Flavored yogurt Whole milk and bevs. with whole milk (not incl. on cereal) Soz. glass 2% milk and bevs. with 2% milk (not incl. on cereal) 8 oz. glass SML Regular soft drinks 12 oz. can or bottle Diet soft drinks 12 oz. can or bottle Diet soft drinks 12 oz. can or bottle Beer 12 oz. can or bottle Liquor 1 shot Decaffeinated coffee 1 med. cup Coffee, not decaffeinated 1 med. cup Tea (hot or iced) 1 med. cup	Other pies	1 med. slice				1								
Other candy, jelly, honey, brown sugar DAIRY PRODUCTS SML Da Wk Mo Yr Nv Signary Signary Date of the cheese of the cheese spreads Flavored yogurt Whole milk and bevs. with whole milk (not incl. on cereal) Skim milk, 1% milk or buttermilk (not incl. on cereal) BEVERAGES SML Da Wk Mo Yr Nv Signary Signary To be signary To be signary To be signary To be signary Decaffeinated coffee I med. cup Lemon in tea I teaspn. Non-diary creamer in coffee or tea I packet Glasses of water, not counting in coffee or tea Glasses of water, not counting in coffee or tea SML Da Wk Mo Yr Nv Da Wk Mo Yr Nv Signary To ba Wk Mo Yr Nv Da Wk Mo Yr Nv To ba Wk Mo Yr N	Chocolate candy	small bar, 1 oz.				1								
DAIRY PRODUCTS S M L Cottage cheese ½ cup S M L Cottage cheese ½ cup S M L Cottage cheese ½ cup S M L	Other candy, jelly, honey, brown sugar	3 pc. or 1 Tblsp.										1		
Other cheeses and cheese spreads Flavored yogurt 1 cup Whole milk and bevs. with whole milk (not incl. on cereal) 2% milk and bevs. with 2% milk (not incl. on cereal) 8 oz. glass Skim milk, 1% milk or buttermilk (not incl. on cereal) 8 oz. glass S M L Regular soft drinks 12 oz. can or bottle Diet soft drinks 12 oz. can or bottle Beer 12 oz. can or bottle Wine 1 med. glass Liquor 1 shot Decaffeinated coffee 1 med. cup Coffee, not decaffeinated Tea (hot or iced) Lemon in tea 1 teaspn. Non-diary creamer in coffee or tea 1 Tblsp. Milk in coffee or tea 1 Tblsp. Cream (real) or Half-and-Half in coffee or tea 1 packet Glasses of water, not counting in coffee or tea 8 oz. glass 5 M L Da Wk Mo Yr Nv 75 H 75 H 77 9 80 11 2 oz. can or bottle 15 15 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DAIRY PRODUCTS		S	M	L		Da	Wk	Mo	Yr	Nv			
Content cheeses and cheese spreads 2 slices or 2 oz.	Cottage cheese	½ cup										51		
Flavored yogurt	Other cheeses and cheese spreads	2 slices or 2 oz.												
Whole milk and bevs. with whole milk (not incl. on cereal) 2% milk and bevs. with 2% milk (not incl. on cereal) 8 oz. glass Skim milk, 1% milk or buttermilk (not incl. on cereal) 8 oz. glass S M L BEVERAGES S M L Da Wk Mo Yr Nv To H To	Flavored yogurt	1 cup										i		
2% milk and bevs. with 2% milk (not incl. on cereal) 8 oz. glass 67 71	Whole milk and bevs. with whole milk (not incl. on cereal)	8 oz. glass										i		
Skim milk, 1% milk or buttermilk (not incl. on cereal) 8 oz. glass The service of the soft drinks The service of the serv	2% milk and bevs. with 2% milk (not incl. on cereal)	8 oz. glass										j		
Regular soft drinks 12 oz. can or bottle 75 H Diet soft drinks 12 oz. can or bottle 11 79 80 Beer 12 oz. can or bottle 15 15 Wine 1 med. glass 19 23 Liquor 1 shot 23 27 Coffee, not decaffeinated offee 1 med. cup 31 31 Tea (hot or iced) 1 med. cup 35 39 Lemon in tea 1 teaspn. 39 43 Non-diary creamer in coffee or tea 1 Tblsp. 47 47 Cream (real) or Half-and-Half in coffee or tea 1 Tblsp. 51 55 Sugar in coffee or tea 2 teaspn. 55 55 Artifical sweetener in coffee or tea 1 packet 59 59 Glasses of water, not counting in coffee or tea 8 oz. glass 63	` <u> </u>	8 oz. glass												
Diet soft drinks	BEVERAGES		-	M	L		Da	Wk	Mo	Yr	Nv			
Beer 12 oz. can or bottle 15 15 1 med. glass 19 23 27 27 27 27 27 27 27			-	<u></u>								75		<u>H</u> _
Wine 1 med. glass Liquor 1 shot Decaffeinated coffee 1 med. cup Coffee, not decaffeinated 1 med. cup Tea (hot or iced) 1 med. cup Lemon in tea 1 teaspn. Non-diary creamer in coffee or tea 1 Tblsp. Milk in coffee or tea 1 Tblsp. Cream (real) or Half-and-Half in coffee or tea 1 Tblsp. Sugar in coffee or tea 2 teaspn. Artifical sweetener in coffee or tea 1 packet Glasses of water, not counting in coffee or tea 8 oz. glass	Diet soft drinks	12 oz. can or bottle		_			<u> </u>					11		79 80
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Milk in coffee or tea 1 Tblsp. 47 Cream (real) or Half-and-Half in coffee or tea 1 Tblsp. 51 Sugar in coffee or tea 2 teaspn. 55 Artifical sweetener in coffee or tea 1 packet 59 Glasses of water, not counting in coffee or tea 8 oz. glass 63				_	_									
Cream (real) or Half-and-Half in coffee or tea 1 Tblsp. 51 55 55 55 55 55 55 55 55 55 55 55 55		 	<u> </u>	_	_						Ш			
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Artifical sweetener in coffee or tea 1 packet 59 Glasses of water, not counting in coffee or tea 8 oz. glass 63				<u> </u>										
Glasses of water, not counting in coffee or tea 8 oz. glass 63 67 0 2 2 0 6 9 1		 	L	_										
$67 \ 0 \ 2 \ 2 \ 0 \ 6 \ 9$	Glasses of water, not counting in coffee or tea	8 oz. glass				J						63		
		-6-								67	0 2	2 0	69	<u>I</u> _

season? Consider other meats, breakfast foods, catsup, green chilies or jalapenos, avocado (guacamole), Mexican dishes, Chinese or other ethnic foods, other fruits or vegetables, as well as nutritional supplements (bran, etc.). Please take a look at the list of foods at the bottom of the page. **FOOD** Your How OFFICE USE Serving Often? Code Amounts Size Week M Seldom/Never Often/Always Sometimes 15. How often do you eat the skin on chicken? How often do you eat the fat on meat? 48 How often do you add salt to your food? How often do you add pepper to your food? 50 16. How often do you use fat or oil in cooking? For example, in frying eggs, meat or vegetables? __ __ times per _ 51 day, week, month 17. What do you usually cook with? 1 ___ Don't know or don't cook 2 ___ Soft margarine 3 __ Stick margarine 4 __ Butter 5 __ Oil 6 __ Lard, fatback, bacon fat 7 ___ Pam or no oil 18. What kind of fat do you usually add to vegetables, potatoes, etc? 1 ___ Don't add fat 2 ___ Soft margarine 3 ___ Stick margarine 4 ___ Butter 56 5 ___ Half butter, half margarine 6 ___ Lard, fatback, bacon fat 19. If you eat cold cereal, what kind do you eat most often? __ 20. Not counting salad or potatoes, about how many vegetables do you eat per day or per week? 61 vegetables day, week 21. Not counting juices, how many fruits do you usually eat per day or per week? 64 fruits day, week 22. Have you gained or lost more than five pounds in the past year? (You may check more than one answer.) 67 1 ___ No 2 ___ Lost 5-15 lbs. 3 ___ Lost 16-25 lbs. 4 ___ Lost more than 25 lbs. 5 ___ Gained 5-15 lbs. 6 ___ Gained 16-25 lbs. 7 ___ Gained more than 25 lbs. DO YOU EAT THESE ONCE A WEEK? Hi-C 01 pancakes, waffles 21 veal, lamb onions tofu 03 instant breakfast, metrecal 22 summer squash 42 cranberry juice cocktail 23 43 mixed dish w/meat 65 04 pudding asparagus grapes 24 44 mixed dish w/chicken 05 milkshake sweet green peppers mangoes 25 45 sweet red peppers 67 Chinese dishes 06 other diary product papayas 26 46 07 Mexican dishes other dessert, sweet bean sprouts honeydew or cassaba melon 68 47 31 69 seafood creole 08 sour cream, dips avocado, guacamole lemons or lemon juice 48 refried beans or bean burritos 09 32 beets 70 diet salad dressing nuts and seeds 71 Polish or Italian sausage 10 33 pineapple or pineapple juice 61 catsup bran green chilies, jalapenos prunes or prune juice other vegetable/fruit cream soups 11 noodles

other not mentioned here

12

14. Think about your diet over the last year and the responses you have just made on this questionnaire. Are there any foods not mentioned which you ate at least once a week, even in small quantities, or ate frequently in a particular

M	EDICAL INFOR	MAT	ION								OFFIC	CE USE
23.	In the past five years, l (if female, omit childbin				you be	een hospitaliz	zed?				70	_
24.	Have you ever had any tests or treatments?	y of the	follow	ving	1 NO	2 YES	HOW M	IANY		AT FIRST	 	
	X-ray treatments for acn enlarged tonsils, ade	ie, ringv noids,	worm, thymu:	s <u> </u>							71	
	Treatment with radium, radioactive isotopes									<u>_</u>	75	$\frac{J}{79}\frac{J}{80}$
	Upper GI series (x-ray or drinking white liquid										11	
	Lower GI series (Barius	m enen	na)		.						15	
25.	Have you ever been to	1 NO	doctor 2 YES	that you DON'T KNOW		any of the fol		onditio	ons? YES	DON'T KNOW		
	Heart attack				4	Bladder diseas	e				21	 _
	High blood pressure					Liver cirrhosis		ļ			23	
	Stroke					Hepatitis					25	
	Tuberculosis					Stomach ulcers		-			27	
	Chronic bronchitis or					Rheumatoid					ļ	
	emphysema					arthritis		-	ļ		29	
	Asthma					Other arthritis		ļ	ļ		31	
	Hay fever					Osteoporosis					33	
	Diverticulosis	ļ				Fractured hip		ļ			35	
	Rectal/colon polyps					Prostate troubl			<u> </u>		37	
	Chronic colitis					Abnormal Pap	smear	ļ	_		39	
	Diabetes				-	Skin cancer		ļ	ļ		41	
	Thyroid condition	l			J ⊨	Leukemia Other cancer					43	
			Wha	nt kind of	cancer	in, or other of the of	st, etc.)	Ye	ear 1st D	Diagnosed		codes
			**110	it Kiria Or	caricci	. (II you naa t	i secona)		ur ibi L	ing Hober	be	low)
26.	In the past year, have	you ha	d 1						1 N (O YES		
	Bleeding or sore gums					ifficulty seein					54	
	Bruise easily					requent or ch			• • •		56	
	Nosebleeds				F:	requent const hemorrhoids					58	
PL.	EASE GO TO NEXT PAG	GE				-8-						
_ FO	R OFFICE USE										<u> </u>	
_		Bladde-		00 Ti			1	17—Rectu	m			
Ca	Yr 02— 03— 04— 05— 06— 07—	-Bladder -Bone -Brain -Breast -Cervix -Colon -Esophagu -Kidney	S	09—Liver 10—Leuke 11—Lung, 12—Lymp 13—Moutl 14—Ovary 15—Pancr 16—Prosta	bronchu homa, in n, oral , eas	is icluding Hodgkins	1 1 2 2 2 2	18—Skin-1 19—Skin-1	Melanoma Not melan Not specif ich id s	oma (Basal or so	quamous)	

OC	CUPATIONAL	INFO	RMA	TION							OFFIC	E USE
	What is your current en your time. 1 Employed 2 Homemaker 3 Retired	4 I 5 U	Disabled	l, unable		nat applies to t		eatest ;	perce	nt of	60	_
	What has been your us (For example, carpenter							longe	est?			
	Job/occupation						-		61 _			
	Years in this job	_									70	
	In your work, did you s	spend m	ore tim	e 1	indoors 2	outdoors?	(Plea	ase ch	eck o	ne.)	72	_
29.	In your work, have you	ı ever be	een exp	osed for a	year or more	to any of the	follov	ving?				
				NON IIT				_	DO	N'T	i	
		1		OON'T			1	2 VE C			1	
		NO	YES K	NOW			NO	YES	KN	<u>JW</u>		
	Asbestos				Iron found	dry					73	
	Radiation				Nickel sm	elting					75	
	Welding				Undergro	und mining					77	K
	Coal tar, soot, pitch,	t				ndustry, or			1		"	$\frac{\mathbf{K}}{79}$
						vood dust						
	creosote, asphalt							<u> </u>	 		11	
	Mineral, cutting or				1	cablemaking				l	i	
	lubricating oil				industr				ļ		13	
	Benzidine, beta-				Chemical	or plastics						
	naphthylamine				industry						15	
	Benzene				Pesticides	, herbicides					17	
	Isopropyl oil				Mustard g						19	
	Dyestuffs				Chromiun							
		-				, beryllium,			+		21	
	Arsenic	1									i	
		<u> </u>			vinyl ch	noriae					23	
3 0.	MILY HISTORY Have any close relative IF YES, please fill this of sisters and brothers, da One RELATIVE per line (Mother,	s had ca out for eaughters	ach blo	od relativ	e who had c	ancer. Include		natura	Ag	ents, ge at ag-	 25 	_
	· '	1	2		at death	1) pe or e			1	sis	1	
	son, etc.)	Alivo	Doad	age	arucani	·			1.0	-	26 €	ee below
		Alive	Dead	-	+				+		20 36	ce below
		Alive	Dead	-	 				+		i	
		Alive	Dead	ļ	+				+			
		Alive	Dead								1	
		Alive	Dead						Л		1	
PLE	ASE GO TO NEXT PAC	GE			-9-					. *	1	
											_'	
FOI	OFFICE USE						No.	ъ.	Al/		F .	
	M-1 Sn-5 Dis. codes:						Rel.	Rel.	Dd.	Age	Dis.	Age
	F-2 Dt-6 See p. 8 B-3 GF-7							_	_			
	S-4 GM-8						26	-	-			
	£							35	_			

O	THER HEALTH FACTO	ORS					OFFICE	E USE
31.	How tall are you? feet	inches 3	2. How mu	ch do you w	reigh?	_ pounds		
33.	What is the most you have ever	weighed?	pound	ls			49	
34.	About how many times have yo	-	iet to lose w	veight?	(6)		 	
	Never1-23-		9-11	12 or	more times		52	_
35.	How many hours of sleep do yo	(3)	O	(4)				
	6 hours or less7 hou	rs8 hou	rs91	nours or more	?		53	_
36.	How often do you feel under s problems such as stomach or ba			nse or worri	ed, or cause	es physical		
	(1) (2)	_	(3)		(4)	(5)		
	Every day Several tim a week	esSeve a mo		Several a year	times	_Rarely or never	54	_
37.	Here is a list of active things th these things?	at people do i	n their free	Ž	ften do you	do any of		
		1	2	3	4	5	İ	
		MORE THAN	ABOUT	A FEW	A FEW	RARELY		
		ONCE A WEEK	ONCE A WEEK	TIMES A MONTH	TIMES A YEAR	OR NEVER		
	Active sports							
	Doing physical exercises						55	_
	Jogging or running						56	
	Swimming or taking long walks .						58	_
	Gardening, fishing, hunting	•					59	_
	Something else	•					60	_
38.	How many close friends do you private matters, and can call on	have? (Peop for help.)	le that you	feel at ease v	with, can tal	k to about		
	(1) (2)	(3)	(4)		(5)			
	None1 or 2	3 to 5	6 to 9	10 o	r more		61	_
	How many relatives do you hav	e that you feel	close to?					
	None1 or 2	3 to 5	6 to 9	10 o	r more		62	
	How many of these friends or re	elatives do you	see or talk	to at least on	ice a month?			
	None1 or 2	3 to 5	6 to 9	10 o	r more	i.	63	_
39.	How often do you participate in	the following	groups or a	ctivities?				
		1 MODETIAN	2 A POL IT	3 A EE3A/	4	5 DADELY		
		MORE THAN ONCE A	ABOUT ONCE A	A FEW	A FEW	RARELY		
		WEEK	WEEK	TIMES A MONTH	TIMES A YEAR	OR NEVER		
	Go to church or temple						64	_
	Participate in group meetings or							
	activities (such as clubs, PTA, professional, labor or service groups)						65	
Ple	ase take a moment to fill in any c	juestions you i	may have sk	kipped.			Version #	$\frac{0}{75} \frac{2}{}$
give	ANK YOU VERY MUCH for taking an will be very useful in interpress frontrol disease. Your participation	eting the result	ts of this stu	ıdy, and in l	The answers nelping to u	s you have nderstand	Coder:	77 — L 79 80
Rev	riewed by	· · · · · · · · · · · · · · · · · · ·						